

**AUTHORIZATION AGREEMENT FOR
ELECTRONIC FUNDS TRANSFER (EFT)**
(See Instruction On Reverse Side)

OFFICE OF THE STATE CONTROLLER

FOR USE OF THE OFFICE OF THE STATE OF
CALIFORNIA ONLY

BRANCH #

SECTION I

Please Check Appropriate Box(es):

- ☐ New EFT Account
☐ Change EFT Remittance Method
☐ Change Bank Account
☐ Change in EFT Contact Person or Phone Number

HOLDER INFORMATION

EFT-FEDERAL EMPLOYER ID#:				-									
NAME:													
ADDRESS:													
UNCLAIMED PROPERTY HOLDER TYPE CODE:													
TELEPHONE:	()							-		

REMITTER INFORMATION

NAME:													
ADDRESS:													
TELEPHONE:	()							-		

EFT CONTACT INFORMATION

NAME:	TELEPHONE:	()						-		
	FAX:	()						-		

Complete Section II, III or IV Below:

SECTION II ☐ **ACH DEBIT**

This method allows you to transfer funds to the Office of the State Controller electronically by debiting an account you control in a financial institution for the amount that you report to the state's data collection service. You will have control through a personal security code of your choice. You will receive a reference number, for your records, that can track the transfer of money. THIS REFERENCE NUMBER MUST BE NOTED ON YOUR UNCLAIMED PROPERTY REPORT FORM UFS-1 IN THE UPPER LEFT-HAND CORNER, OR ON ANY OTHER DOCUMENTS SUBMITTED.

BANK NAME:	Method of Communication: (Check One)
BANK ACCOUNT NUMBER (NOT TO EXCEED 17 DIGITS):	
	<input type="checkbox"/> Telephone - Voice
TRANSIT AND ROUTING NUMBER:	<input type="checkbox"/> Telephone - Touch Tone
TYPE OF ACCOUNT:	
<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
SIGNATURE:	TITLE: DATE:

IMPORTANT:

If you have selected the ACH Debit option, you must attach a voided check.
 Your voided check will be used only to verify bank account, transit and routing numbers.

SECTION III ☐ **ACH CREDIT**

This method allows you to transfer funds by instructing your ACH participating financial institution to debit your account and credit the Office of the State Controller's bank account. These remittances must be in NACHA CCD + format using the Tax Payment Convention (TXP) and may only be initiated for the EFT remittances to the Office of the State Controller.

I have verified our companies Financial Institution can originate an ACH Credit transaction in the required record field.

SIGNATURE:	TITLE:	DATE:

Return to: State Controller's Office, Unclaimed Property Division
 P.O. Box 942850, Sacramento, CA 94250-5873, Attention: EFT Unit
 For EFT assistance call (916) 464-6220: FAX (916) 464-6224

Exhibit 1

SECTION IV☐ **INTERNATIONAL FUNDS TRANSFER**

This method allows you to originate a transaction utilizing the international electronic payment system to transfer funds through federal reserve banks, whereby the holder debits their own bank account and credits the state's bank account.

SIGNATURE:	TITLE:	DATE:

INSTRUCTIONS FOR COMPLETING THE EFT AUTHORIZATION AGREEMENT FORM**GENERAL**

Please type or print clearly. Fax to the Office of the State Controller at (916) 464-6224 or mail to the address shown on the front of this form. Retain a copy for your file before mailing.

SECTION I

COMPLETE ALL APPLICABLE FIELDS.

SECTION II, III AND IV

COMPLETE **ONE** OF THESE SECTIONS:

Complete Section II if you select ACH Debit, Section III if you select ACH Credit, and Section IV if you choose International Funds Transfer. After making your decision, please check the appropriate box and complete every block of information for the method selected.

If the ACH Debit method is chosen a voided check must be attached to the completed authorization agreement. Your voided check will be used to verify the bank account and transit routing numbers.

The example of a voided check, shown below, indicates where to locate the transit routing number for your bank and your bank account number. Remember to mark the word "void" across the face of the check that you return with the authorization agreement.

ABC BUSINESS	1044	
1234 Boomtown		
Anytown, CA	20	
Pay to the Order of _____	\$ _____	
	DOLLARS	
Anywhere Bank		
U.S.A.		
Memo _____	Not Negotiable	
(1) 1:133404567(2) 1:1234561304 111 (3) 1044		

(1) Routing Transit Number
(Required 9 digits)

(2) Bank Account Number
(Not to exceed 17 digits)

(3) Check Number

FOR USE OF THE OFFICE OF THE STATE CONTROLLER ONLY

Your enrollment in the State Controller's EFT program has been approved to commence on _____.
(Date)

Your method of remittance is:

☐ ACH Debit ☐ ACH Credit ☐ International Funds Transfer

Unclaimed Property Division by:

_____ Signature	_____ Date
_____ Telephone	